EXHIBIT 20

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.
TELEPHONE: 215-386-5900 • CABLE: EDCOUNCIL, PHA.

REQUEST FOR PERMANENT REVALIDATION OF STANDARD ECFMG CERTIFICATE

This form is to be completed for graduates of foreign medical schools who have entered programs of graduate medical education in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) and who are requesting that their Standard ECFMG Certificate be made valid indefinitely.

RECEIVED
JUL 24 1998
ECFMG

I. TO BE COMPLETED BY APPLICANT (type or print)

USMLE/ECFMG Applicant Identification No. 0-553-258-5 ✓

Program ID No. (as listed in American Medical Association's *Graduate Medical Education Program Directory*) 140-33-12-236 ✓

Name John-Charles Akoda

U.S. Social Security Number ___ ___ - 9065 - 5450 Date of Birth 04 / 17 / 63 (Month / Day / Year)

Mailing Address for Sticker P. O. Box 192

City Neptune State N.J Zip Code 07754

Country ___ Check Here if this is a Change in Permanent Address for ECFMG Records ..... ☐

Telephone Number (Area Code) (732) 775-1092 Fax (Area Code) (732) 775-1092

Signature John Charles Akoda Date 7/10/98

VISA STATUS: (if applicable) (check one)
Immigrant ☒
Non-Immigrant
J-1 ☐
H-1B ☐
Other (please specify) ☐

II. TO BE COMPLETED BY PROGRAM DIRECTOR, DIRECTOR OF GRADUATE MEDICAL EDUCATION, OR OTHER AUTHORIZED OFFICIAL (type or print)

INSTITUTION (as listed in AMA's *Graduate Medical Education Program Directory*) JERSEY SHORE MEDICAL CENTER

CITY NEPTUNE STATE ___

SPECIALTY INTERNAL MEDICINE

Telephone Number (Area Code) (732) 776-4420 Fax (Area Code) (732) 776-4619

Name and Title of Institution Official JOHN A. CROCCO, M.D. PROGRAM DIRECTOR/DEPT. CHAIR OF MEDICINE

Signature of Institution Official [signature] Date 7-17-98

ENTRY DATE OF APPLICANT TO ACGME ACCREDITED PROGRAM: 7 / 1 / 98 (month / day / year)

APPLICANT ENTERED AS: (check one)
Resident ☒
Clinical Fellow ☐
Other (please specify) ☐

VALID INDEFINITELY SENT

Please affix institution or corporate seal, or if not available, complete acknowledgment by a notary.

INSTITUTION, CORPORATE, OR NOTARIAL SEAL

STATE OF ___

COUNTY OF ___

On this ___ day of ___, 19___, before me appeared ___, satisfactorily proven to me to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seals.

JUL 22 1998

___
Notary Public

Upon receipt of this form and verification of the information, ECFMG will mail a revalidation sticker to the applicant at the mailing address listed in Item I.

SEE REVERSE SIDE OF THIS FORM FOR ECFMG'S POLICY AND PROCEDURES

Form 246

ECFMG-000617